RISE INITIATIVE
Resource. Influence. Support. Engage.
PSALT Care's Mental Health Advocacy & Fundraising Campaign

DONOR REPLY FORM

The RISE Initiative is the fundraising and advocacy campaign of PSALT Care which aims to rally philanthropists, advocates and benefactors to support mental health and recovery. Each year, our charity supports over 850 members/peers in their recovery journey. Your support will double its impact as the RISE Initiative is approved for **dollar-for-dollar matching** by Tote Board and the Government until 31 March 2025.

Levels of Donation:

Supporter: $500 to $2,499 Ambassador: $10,000 to $29,999

Advocate: $2,500 to $9,999 Benefactor: $30,000 and above Donor (other amount) _____

THANK YOU FOR YOUR GENEROSITY! PLEASE COMPLETE THIS FORM AND MAIL/EMAIL IT BACK TO US

DONATION INFORMATION (Please '✓' as appropriate)

Donation Amount: ____ $100 ___ $500 ___ $2,500 ___ $5,000 ___ $10,000 Others: _____

Frequency: ___ One-Time ____ Monthly ___Quarterly ___Semi-Annually ___Annually

DONOR PARTICULARS

NRIC Name/Company Name (in block letters): (Prof/Dr/Mr/Mrs/Ms/Mdm) _____

NRIC/FIN/UEN: (Required for tax deduction receipt purposes) _____

Mailing Address: _____ Postal Code _____

Donor Contact Number: _____ Email: _____

Contact Person (for Corporate Donation): (Dr/Mr/Mrs/Ms/Mdm) _____

Designation/Department: _____ Contact Details: _____

DONATION MODE (Please '✓' as appropriate)

___ Cash (We will contact you to arrange for the collection of the donation amount)

___ PayNow/Bank Transfer (**UEN: 201401059R. OCBC 686 375239 001**. Please indicate "RISE and NRIC Number or UEN" under Reference)

___ Cheque (Crossed cheque payable to "PSALT CARE LTD". Please indicate "RISE" on the back of the cheque and maill with this form to:
10 Sinaran Drive, #11-16 Novena Medical Center, S307506) Cheque Number: _____

___ GIRO (Monthly Donation) Minimum Donation: $10 (Please complete Part 1 section below)

___ Debit/Credit Card Card Number: _____

Name on Card: _____ Expiry Date: _____

Authorised Signature(s): _____ Date : _____

Note: *As a charity with Institution of Public Character (IPC) status, PSALT Care is committed to maintaining the highest standards of governance and abides by the Code of Governance for Charities and IPCs. Donations of at least $50 qualify for 2.5 times tax deduction and will be automatically included in your tax assessment by IRAS. Tax deduction receipts will not be issued unless upon written request by donors. Please complete the information in this form to facilitate the auto-inclusion. By providing the information set out in this form, you consent to the collection, use and disclosure of your personal data to relevant third parties for purposes reasonably required by PSALT Care for donation-related and communication purposes. For any queries, please call **6797 7289** or email:* engage@psaltcare.com.

PART 1: GIRO DONATION FORM (FOR DONOR'S COMPLETION)

Name of Bank: _____ Branch: _____

Bank Account Name: _____ Bank Account Number: _____

Billing Organisation: PSALT CARE LTD (Bank Ac Number: OCBC **686 375239 001**)

a. I/We hereby instruct you to process PSALT CARE LIMITED's instructions to debit my/our account number _____
b. You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us for this.
c. This authorisation will remain in force until terminated upon receipt of my/our written revocation through the BO.

Signature(s)/Thumbprint(s)/Company Stamp (as in bank records): _____ Date: _____

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

This application is hereby REJECTED for the following reason(s): (please delete where inapplicable)

___ Signature/Thumbprint differs from Financial Institution's records
___ Signature/Thumbprint incomplete/unclear
___ Wrong account number
___ Amendments not countersigned by customer
___ Other reason(s): _____

_____ Name of Approving Officer

_____ Authorised Signature

_____ Date